

VEHICLE LICENSE
MILK AND CREAM

LICENSE No. _____

DATE _____ 19____

ISSUED TO _____

PLACE OF BUSINESS _____

NUMBER OF VEHICLES _____

NUMBER OF DRIVERS _____

EXPIRES _____ 19____

No. _____
The Commonwealth of Massachusetts
_____ OF _____

BOARD OF HEALTH
VEHICLE LICENSE — MILK AND CREAM

This is to Certify that _____
residing at _____ and having a
place of business at _____
in the _____ of _____ has been granted

A LICENSE TO SELL
MILK AND CREAM

and is subject to the Provisions of the Laws of The Commonwealth of Massachusetts, relating thereto, and upon such terms and conditions, and to the rules and regulations established by the Board of Health, of the _____ of _____ governing the sale of Milk and Cream and shall remain in full force until the first day of June 19____, unless previous to that time is suspended or revoked.

Number of Vehicles used _____

If for partnership, name and address of each partner and manager.

If for corporation, name and address of each officer.

Names of Employees or Drivers

The license number shall be displayed, conspicuously, on the outer side of each vehicle used in the conveyance and sale of milk, in figures not less than one and one-half inches in height, and the name and place of business of the licensee in gothic letters not less than one and one-half inches in height.

All changes of residence and of drivers must be immediately reported to the inspector.

This License must not be sold, assigned or transferred.

License Issued _____ 19____

Inspector of Milk _____